PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Virginia 3rd District GOP 222 Charles Avenue ADDRESS (number and street) (Check if address is changed) Portsmouth 23702 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS stephenhogg126@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00618561 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Stephen Robert Hogg Type or Print Name of Treasurer Stephen Robert Hogg [Electronically Filed] 05 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		(Domogratio
(d)	This committee is a SUB (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.		
3.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		
Virginia 3rd Dis		
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pers	son in possession of committee
	Robert Hogg	
Full Name	₁ 222 Charles Avenue	
Mailing Address		
	Portsmouth	23702
Title or Position	CITY STATE	ZIP CODE
Treasurer	757 Telephone number	7 - 793 - 9136
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; as assistant treasurer).	nd the name and address of
Full Name Stephen of Treasurer	Robert Hogg	
Mailing Address	222 Charles Avenue	
	Portsmouth VA CITY STATE	23702 ZIP CODE
Title or Position Treasurer	757 Telephone number	

FEC Fori	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc.	lds accounts, rents
safety deposit be	oxes or maintains funds. Depository, etc. BB&T 1500 Crawford Street	
safety deposit be Name of Bank,	Depository, etc. BB&T 500 Crawford Street	
safety deposit be Name of Bank,	Depository, etc. BB&T 500 Crawford Street Portsmouth VA 23704	
safety deposit be Name of Bank, Mailing Address	Depository, etc. BB&T 500 Crawford Street Portsmouth VA 23704	
safety deposit be Name of Bank, Mailing Address	Depository, etc. BB&T 500 Crawford Street Portsmouth CITY STATE Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc. BB&T 500 Crawford Street Portsmouth CITY STATE Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc. BB&T 500 Crawford Street Portsmouth CITY STATE Depository, etc.	